

TAMALA HOLLAND
PARALEGAL SPECIALIST
DESIGNATED OFFICE
(703) 305-5483

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE			
						APPLICANT(S)				
						CLAIMS				
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51			
2	/			/			52			
3	/			/			53			
4	/			/			54			
5	/			/			55			
6	(1)			(1)			56			
7	(1)			(1)			57			
8	(1)			(1)			58			
9	(1)			(1)			59			
10	(1)			(1)			60			
11	(1)			(1)			61			
12	(1)			(1)			62			
13	(1)			(1)			63			
14	(1)			(1)			64			
15	(1)			(1)			65			
16	(1)			(1)			66			
17	(1)			(1)			67			
18	(1)			(1)			68			
19	(2)			(1)			69			
20	(1)			(1)			70			
21	(1)			(1)			71			
22	(1)			(1)			72			
23	(1)			(1)			73			
24	(1)			(1)			74			
25							75			
26							76			
27							77			
28							78			
29							79			
30							80			
31							81			
32							82			
33							83			
34							84			
35							85			
36							86			
37							87			
38							88			
39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.			2				TOTAL IND.			
TOTAL DEP.			22				TOTAL DEP.			
TOTAL CLAIMS			24				TOTAL CLAIMS			